

Thesis On
Dropsy
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Dropsy.

The old medical writers considered dropsy as a disease in itself, but pathologists of the present day consider it as merely the symptom of disease, dependant upon some organic or other lesion of the system.

It may be described as an abnormal collection of a serous or watery fluid either in the cellular tissue, or in one of the three great cavities of the body; the head, thorax or abdomen.

When summoned to a case of dropsy, we should not be satisfied with the mere external or tangible evidence of the disorder, but we should direct our investigation so as to ascertain the cause on which it may depend.

In treating of this disease I shall first consider the pathological conditions which are generally connected with it; next the causes which originate it; then the general divisions of the disorder & finally the treatment.

Pathology.

The conditions which give rise to dropsy are various. The old writers thought that it depended upon a peculiar condition of the system called the hydropic diathesis. Dr. Blackall in his pathological work, considered dropsy as arising from an inflammatory condition, connected with a general irritation of the circulation, and he cites many proofs to substantiate his opinion. There is no doubt, that many

cases of the disease arise from irritation of the bloodvessels either from cold or some other cause, producing congestion & from this state passing into active inflammation with effusion. This condition is found in Acute Hydrocephalus, Hydrocele & other dropsical disorders in connection with a isthermic form of fever. But there are other pathological states which are favorable to hydrops.

Among these is an anaemic state of the system in which the blood is altered in character, becoming deficient in the red globules, & also of albumen in those cases resulting from repeated hemorrhages or bleedings, together with an excess of serum & of the white corpuscles. This condition is found in

chlorosis, in intermittent fever, in debility arising from excessive sexual intercourse or from Onanism, also from profuse debilitating losses of fluids; and in certain cachectic conditions produced by the abuse of iron, quinine, mercury, arsenic and other drugs.

It may also depend upon debility with a relaxation of the fibres both of the venous walls, allowing the serum to exude, & also of the meshes of the areolar tissue; this condition is often found in persons suffering from exhausting disease or just recovering from lingering illness.

We also find a state in which the exhalation, of the surplus water of the blood, from the skin is obstructed & no corresponding increase of action on the

part of the kidneys takes place.

Again, there may be a condition of passive congestion in various parts of the body, causing oedema; shown in the swelling of the feet, ankles and legs of females, who have passed the climacteric period of life, and is often connected with a varicose condition of the limbs.

Lastly, there may be a deficient absorption, from obstruction either of the veins or absorbent vessels, causing swelling.

Causes.

Dropsy may depend upon a variety of causes. One of the most frequent of these is cold, acting either upon the skin or kidneys, preventing the elimination

from the body of the surplus water, by the obstruction of these avenues of escape. It may also follow the suppression of accustomed discharges, as the menstrual or hemorrhoidal flow, and thus showing us the danger of astringent or other applications in treating haemorrhoids.

Long continued disease, by producing the debilitated condition spoken of under the head of pathology, is another cause; also chlorosis, or properly anaemia. Dropsy is also induced by exposure to damp when in a state of perspiration, which checks the perspiration. Many cases also arise from drinking excessive quantities of cold water when in a heated condition.

Cullen thought that dropsy was sometimes induced by the system absorbing moisture from the surrounding atmosphere which found lodgment in the cellular tissue, but the pathologists of the present day discard the idea.

The abuse of Mercury, quinine & other drugs as already stated, produces a cachectic condition peculiarly liable to dropsy.

The hydropic state frequently follows intermittent fever. In this ~~state~~ disease the condition of the blood resembles that of chlorosis very much, being deficient in red globules & having an excess of the white, and generally ascribed by old school writers to malarial influence, though probably many cases are cachectic.

tic, being produced by the abuse of iron & quinine in the treatment of the disorder.

Many females in a pregnant state suffer from an anasarous condition of the extremities; this has generally been explained, especially by old school writers, as arising from the pressure of the gravid uterus upon the large venous trunks in the pelvic cavity and thus mechanically producing congestion and effusion into the cellular tissue, by the obstruction to the return of the blood to the heart. This may in part account for the condition, but there is probably in a majority of cases an irritation of the circulation sympathetic with some lesion of the vital

energies of the female induced by her peculiar condition, which causes the effusion; this view would harmonize with the fact that most of these cases are amenable to homoeopathic treatment, which would probably not be the case if depending entirely upon mechanical causes.

Disease of the kidney is another cause of dropsy, especially Bright's disease.

Other causes are organic diseases of the heart, lungs, liver and spleen; also aneurismal & other tumors pressing on veins & thus mechanically obstructing the circulation. We frequently find patients affected with some disease of the lung as asthma and also at the same time valvular disease of the heart and as

an effect of these dropsy which is general
ly anasarca.

Dropsy is also a sequelae of Scarlatina
and other eruptive diseases.

Divisions.

Dropsy has received different names ac-
cording to the locality of the effusion.

Before Cullen's time, it was divided, vi-
to Anasarca, Ascites & tympanitis; tym-
panitis being confounded with it and
was supposed to be a species of hydrops
arising from the rarification of air, pus ichor
or water pent up in the abdominal cav-
ity. Cullen divided dropsy into Ana-
sarca, hydrocephalus, hydrothorax, Ascites,
hydropericarditis, hydatids & encysted
dropsies. This division is still retained,

Though, cysts & hydatids are generally considered separately as they are local in their nature and are not dependant upon causes which may produce the same effect in all the ordinary seats of the affection.

It is denominated hydrocephalus, when the effusion takes place into the ventricles of the brain; hydrothorax, when into the thoracic cavity; hydropericardium, when in consequence of inflammation of the pericardium, the effusion is thrown out within the pericardium; ascites, when into the abdominal cavity; and anasarca when the cellular tissue is the seat of the effusion.

As it would carry this paper beyond the limits of a thesis to write at length on

all these divisions, I shall confine myself to the consideration of anasarca, hydrothorax and ascites.

Anasarca.

As before stated anasarca is that form of dropsy, in which the effusion takes place into the cellular tissue. One of the most noticeable features of this form of the disease is the swelling which attends it. This swelling varies in degree and also in color. It may be universal throughout the whole cellular tissue or confined to the lower extremities. As a general thing the swelling of the extremities is increased while standing for a long time also at night, while that of the face is frequently greater during the day than at night. The swelling often extends to

The scrotum, causing it often to be distended like a bladder filled with water.

When we press the swelling with the finger, there remains a pit beneath it which slowly disappears; this is one of the most important diagnostic marks of the swelling. The color also varies; in some patients the skin is pale and cold; others have a livid hot skin, and sometimes the skin is red and transparent. Anasarca may be attended with fever either of a sthenic or an asthenic character, or it may exist without any febrile excitement. Some patients are tormented with a constant thirst and others are utterly devoid of thirst. There may also be pain in the integuments which is generally burning or smarting in character. The skin is generally dry.

The urine also undergoes change. Its color may become dark, brown, red, white or it may be muddy. Sometimes it contains albumen, especially when there is disease of the kidneys; also blood corpuscles and epithelial casts and there may be a sediment either red brown, white or gray in color. The quantity of urine excreted also varies, though generally it is less than in health; sometimes it is entirely suppressed, and it may be natural. Anasarca can not easily be mistaken; the only disease likely to be confounded with it is emphysema, but the crackling of the integument under pressure in this last disease affords a sufficiently clear mark of diagnosis.

Hydrothorax

The symptoms of this disorder are more of

a sensible than of a rational character.

Among the rational signs *may* be mentioned a sense of anxiety at the lower part of the sternum; a difficulty of breathing which appears at first when moving a little faster than usual also when ascending stairs or a height. The dyspnoea is also worse when lying down and better when sitting up, hence we almost always find a patient, when the disease is far advanced, desiring to be bolstered up in a sitting posture. Sometimes there is a smothering sensation in the region of the heart & the patient may be awakened at night by a sense of anxiety and difficulty of breathing. When the effusion is very great, the patient almost suffocates when turning in bed, in consequence of the fluid pressing on that part of the lung through which

he breathed & the slow expansion of the cells of that part which has just been relieved by the change of position. The fluid is generally effused into both pleural cavities, though sometimes there is more ~~in~~ effusion into one than into the other.

The physical or sensible signs are as follows. On inspection we find an enlargement of the thorax, which can be more fully demonstrated by measurement. The ribs are separated further than in health. The heart is also sometimes displaced & the liver may be pushed downward, when the accumulation is great.

When we place the hand on the chest, or palpate, we perceive that the vocal fremitus is much less than in health, if not entirely gone.

By auscultating the chest we find that there

is an almost entire absence of the vesicular murmur, excepting that occasionally it may be heard in the posterior part of the chest. We will also discover, near the spine, bronchial respiration in consequence of the lung being consolidated in the posterior part of the chest from the pressure of the fluid. There is a dull sound on percussion over the fluid, which dulness changes as the patient changes his position, and the level of the fluid may often be ascertained by the dulness below & the tympanic sound above forming a line of dulness around the chest. Some writers assert that by succussion a splashing sound can be eliminated, but to produce this, it is necessary that there should also be air within the pleural cavity. In Hyemothorax the lung is generally compressed and

pushed posteriorly against the spine and is also oedematous.

The causes of hyaerthorax are generally diseases of the lungs, heart and large blood vessels, although it may arise idiopathically and also from the same general causes as may produce dropsy elsewhere in the body. Cullen considered it incurable and almost beyond the reach of palliation, but unless arising from organic disease it may be cured and also even when the result of such lesions it may be cured by the removal of those lesions and there are cases on record, especially under Homoeopathic treatment, where such cures have been made.

Ascites

In this form of dropsy the effusion takes place

into the abdominal cavity within the peritoneal sac. At first the quantity of fluid effused may be small, and not seriously inconvenient to the patient. His attention may perhaps be first directed to it by a sense of weight in the lower part of the abdomen. The effusion gradually increases and becomes so great in quantity as to occupy the whole abdominal cavity, causing great distension of its walls. The sense of weight which annoys the patient varies in locality as he changes his position, being more in the back when lying down and low in the abdomen when sitting and in the side when lying on the side. On percussing the abdomen we discover a flat sound over the seat of the effusion and a tympanitic sound above. Fluctuation may be produced by placing

a hand on one side of the abdomen and gently tapping with the other on the opposite side. A splashing sound may also be eliminated by succussion, provided there be air within the abdominal cavity. Ascites may be associated with anasarca either general or confined to the lower extremities. When the effusion is great it may be attended with a good deal of dyspnoea from pressure on the diaphragm. Generally there is thirst and a scarcity of urine connected with it. The urine as in anasarca, varies in quantity color and consistency. The skin is frequently hot and there may be considerable fever present, though not necessarily. The most frequent causes of Ascites are organic diseases of the liver and spleen. Scrofulous enlargement of the Mesenteric glands, obstruction of the Vena Portae, either mechanical or

otherwise, inflammation of the peritoneum are among the principal causes of abdominal dropsy.

Treatment

In the treatment of Dropsy the physician should bear in mind, the cause from which it may arise, although the symptoms form the indications for the appropriate remedy. As the symptoms are ever varying in different individuals, and to specify particular remedies would greatly enlarge the bounds of this paper, I deem it unnecessary to attempt to indicate their therapeutic characteristics. We must individualize each case that presents itself to our notice and select the remedy in accordance with the totality of the symptoms.

We will often be summoned to cases where a cure will be beyond our art, and it becomes our duty in such cases to use every effort to palliate

what we cannot heal. In the process of cure nature generally makes use of one of the three eliminaries of the body, either of the skin by a copious perspiration, or of the Kidneys causing a profuse enuresis, or of the intestines producing a critical diarrhoea. Guided by these indications the allopathic practitioner by his cathartics or diuretics or diaphoretics to produce the same effect by artificial means & generally his patient dies under the treatment. The true homoeopath will be guided by the symptoms which nature herself gives, in her efforts to throw off the disease that oppresses her, and will give a remedy to help her act in her own way, knowing that she will choose the safest & best mode of cure.